

Shaolin Institute Scholarship Fund

2026 Scholarships Applications Staff Education

The Value of Shaolin Kung Fu Health and Wellness Education for Individuals and the Uplifting Impact to the communities has continued to expand for more than 1500 years.

It is with Indomitable Shaolin Spirit, Integrity, and Respect for all that we have not changed membership fees during the current economic crisis.

What we have done to support and help our community is, Shaolin. We have extended generous Scholarship Funds to those who wish to strive toward health and wellness and suffer with a financial need. We ask that you give your full financial support to sustain the Institute so that it will remain for generations to come. We invite you to apply for Scholarship Funding towards your tuition should you be suffering financial crisis. Applications to the Fund may not be available at all times.

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Ethical Flow

Support

Students applies for membership with a full \$209 per month Student Application and a completed Scholarship Application.

Support

The Scholarship Board meets once a week to review applications. The applicant is given a two week "Invitation from the Fund" to attend classes so that we can mutually decide if the membership is a "good fit" and the Scholarship Board can review the application for funding. (In the future we will assign a Student Ambassador to Scholarship Applications with "care" responsibilities)

Uplift

On the first visit of the second week, the applicant is given the announcement that the Board has come to a decision and the "paperwork is being prepared." An appointment is offered without specific funding information. "A Moment" is created with all honoring and respect for our Shifu upon awarding a Scholarship from this fund. The student is presented a Scholarship Certificate and given until the first of the following week to make a decision. The timeline for decision is mandatory. No further "attendance by invitation from the Fund" is made available to the perspective student.

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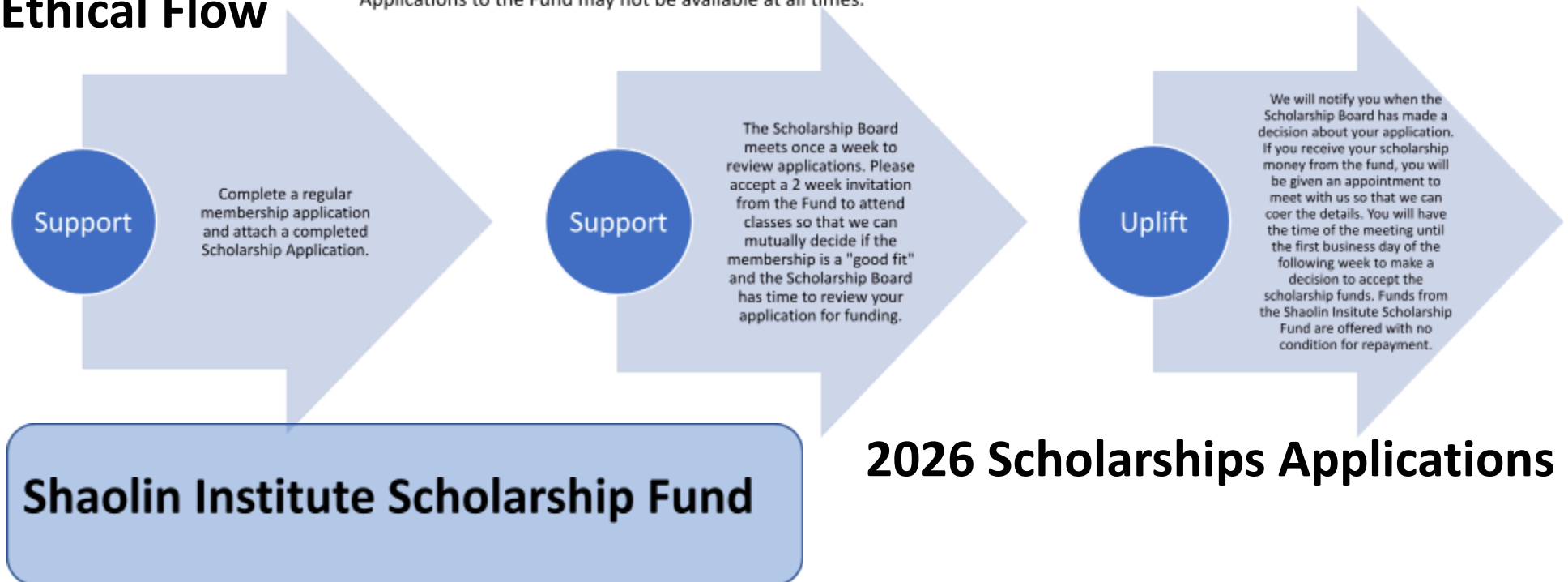
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Name: _____ Age: _____ Program(s): _____

Address: _____

Phone: _____ E-mail: _____

Circumstances/Reason for Need:

Signature: _____ Date: _____

Award Level Per Month: _____ # of Months: _____ Accepted By: _____

Date: _____